



SELLER OF TRAVEL REGISTRATION APPLICATION

(See enclosed instructions for assistance. Use an additional page as needed for each question.)

LEAVE THIS SPACE BLANK

PLEASE PRINT OR TYPE

1. _____
TODAY'S DATE

2. Have you, any owner, or manager of this business ever previously applied for registration as a Seller of Travel?

CHECK ONE: YES NO

If YES, enter Seller of Travel Program registration number(s): _____

Enter the business start date (when applicant has or will have first advertised, offered, arranged, or sold air or sea transportation): ____/____/____

LEGAL NAME OF APPLICANT(S)

3. _____
STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS ARC/IATAN NUMBER

4.a. _____
CITY, STATE, AND ZIP CODE COUNTRY

MAILING ADDRESS (IF DIFFERENT FROM 4a)

4.b. _____
CITY, STATE, AND ZIP CODE COUNTRY

CALIFORNIA COUNTY WHERE BUSINESS IS LOCATED (SEE 4a)

4.c. _____ or Located outside California
NAME OF PRIMARY CONTACT PERSON TELEPHONE FAX

4.d. _____

4.e. List the street address, city, state, and zip code of additional business locations. Provide the ARC/IATAN number(s), if any.

- (1) _____
- (2) _____
- (3) _____
- (4) _____

4.f. Number of business locations _____ (Combine 4a & 4e)

4.g. Check your affiliation status: ARC IATAN None Pending (ARC or IATAN) Suspended (ARC or IATAN)

4.h. Optional: Name and address of attorney or consultant if you want that person sent copies of any notices of deficiencies in your submitted application:

ALL FICTITIOUS BUSINESS NAMES (D.B.A.) UNDER WHICH YOU DO BUSINESS OR INTEND TO DO BUSINESS

5. _____

You must attach copies of all your current Fictitious Business Name statement filings: Attached

5.a. Your URL address (web site address) (Optional) _____

CHECK TYPE OF OWNERSHIP:

- 6.a. Sole Proprietorship Husband/Wife Co-Ownership Partnership
 Limited Liability Company Corporation Other legal entity; describe below:

IDENTIFY THE STATE OR FOREIGN COUNTRY WHERE THE CORPORATION, PARTNERSHIP, OR OTHER LEGAL ENTITY IS RECORDED:

PLACE: _____ CORP.NO. _____

- b. If you are a **Corporation**: Is your stock or the stock of a company owning at least 10% of your corporation publicly traded on a national securities quotation system or stock exchange? YES _____ NO
IDENTIFY THE EXCHANGE
- c. Are you a registered non-profit entity? YES NO
- d. If you are a **motor club**, are you certified under Part 5 of Division 2 of the Insurance Code? YES

7.a. Provide complete information for all Owners, Officers, Partners, and/or Sole Proprietors who are natural persons, including identifying each person who owns/controls 10% or more of the business or has claim to 10% or more of its net income:

(1) Full name _____ Position(s) _____

Date of birth ____/____/____
RESIDENCE ADDRESS:

BUSINESS TELEPHONE:
(____)_____
BUSINESS ADDRESS:

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? YES NO

If "YES," **Owner's** Social Security Number (SSN): ____ - ____ - ____

(2) Full name _____ Position(s) _____

Date of birth ____/____/____
RESIDENCE ADDRESS:

BUSINESS TELEPHONE:
(____)_____
BUSINESS ADDRESS:

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? YES NO

If "YES," **Owner's** Social Security Number (SSN): ____ - ____ - ____

(3) Full name _____ Position(s) _____

Date of birth ____/____/____
RESIDENCE ADDRESS:

BUSINESS TELEPHONE:
(____)_____
BUSINESS ADDRESS:

Driver's license or identification number: _____ Issued in: _____
STATE OR FOREIGN COUNTRY

Does this person have ownership interest? YES NO

If "YES," **Owner's** Social Security Number (SSN): ____ - ____ - ____

7.b. Businesses or other legal entities which own or control 10% or more of the registering business or which have claim to 10% or more of the registering business' net income:

(1) Name of business: _____

Type of business: _____

State or foreign country where formed: _____

PRINCIPAL OFFICE ADDRESS, INCLUDING COUNTRY

(2) If Owner is itself a Corporation or Partnership, enter the name of that Corporation's or Partnership's CEO, General or Managing Partner, position and residence address:

NAME AND POSITION

RESIDENCE ADDRESS, INCLUDING COUNTRY

(3) If Owner is a Trust, list all Trustees, their dates of birth, residence addresses, driver's licenses or equivalent identification numbers, and the state or foreign country where issued:

NAME _____ DATE OF BIRTH _____

RESIDENCE ADDRESS, INCLUDING COUNTRY

DRIVER'S LICENSE OR IDENTIFICATION NUMBER, STATE OR FOREIGN COUNTRY WHERE ISSUED

8.a. Has the registering Seller of Travel, Principal (Owner, Officer, Partner, or Sole Proprietor), or any other Seller of Travel owned or managed by any Owner or Principal of this registering Seller of Travel, or that Seller of Travel itself, had entered against that person or entity any judgment, including a stipulated judgment, order, made a plea of nolo contendere or guilty, or been convicted of any criminal violation? Include in your answer anyone listed in Question 7a and 7b. Identify the person, the name and address of the court or administrative agency which rendered the judgment, order, or conviction, the docket number, and the date of the judgment, order, or conviction. Identify the nature of the case or judgment. Disclosures about marital dissolution, child support, and child custody proceedings are not required. You are not required to disclose citations for parking, motor vehicle or local offenses under code or ordinance for which the sole penalty imposed was a fine of \$250 or less.

YES NO

8.b. Provide the following information for each Seller of Travel, Owner or Principal for whom "YES" was given:

(1) Name of Seller of Travel, Owner or Principal _____

Name and Address of the Court or administering agency rendering the judgment, order or conviction:

Docket number: _____

Date of judgment or order: _____

Describe the nature of the case or judgment: _____

DUPLICATE ON ADDITIONAL ATTACHED PAGES THAT INFORMATION SET FORTH IN (1) FOR EACH ADDITIONAL JUDGMENT, ORDER OR CONVICTION, IF NECESSARY.

9. Do you or will you sell, market, or distribute "travel certificates"? YES NO

If "YES," attach a copy of the travel certificate. ATTACHED

10. Complete this Attachment even if you do not currently hold an appointment from ARC or IATAN.

**Seller Of Travel Authorization For Disclosure Of
Information Held By Service Providers, Carriers, Other Sellers Of Travel,
The Airlines Reporting Corporation (ARC), Or
International Association Of Travel Agents Network (IATAN)**

Business and Professions Code Section 17550.21(g)(4) states that the Seller of Travel shall file with the Attorney General a signed and dated document which is “a consent form consenting to the Attorney General, a district attorney, or their representatives obtaining directly from the Airlines Reporting Corporation, International Association of Travel Agents Network, a seller of transportation, provider of transportation, or provider of travel services any information related to an investigation of a seller of travel’s compliance with this section. The consent form shall be provided by the Attorney General.”

Consent Form

The Seller of Travel identified below irrevocably consents to the California Attorney General, District Attorney of any County within California, or their authorized representatives obtaining any information related to an investigation of a Seller of Travel’s compliance with Business and Professions Code Section 17550.21.

Firm name and address of principal place of business:

Consent to the above is hereby given:

Signature: _____

Print name: _____

Position: _____

Date: _____

(Attachment 200, page 1 of 1)